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TO: Commissioner for Patents

DATE: 12/10/2004

FROM: Stuart T. Langley

TIME: _____

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MESSAGE:

1. Power of Attorney to Prosecute Applications Before the USPTO; and
2. Statement Under 37 CFR 3.73(b)

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TELECOPY/FAX NUMBER: 703-872-9306
CLIENT NUMBER: 82697.0002
ATTORNEY BILLING NUMBER: 1880
CONFIRMATION NUMBER: _____

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

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OR

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Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Thomas W. Konowalchuk		
Address	1070 NE 7th Drive		
City	Newport	State	OR
Country	USA	Zip	97365
Telephone	541-265-3804	Fax	541-574-6498

Assignee Name and Address:

NOT ASSIGNED

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/88 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	Dec 2, 2004
Name	Thomas W. Konowalchuk	Telephone	541-265-3804
Title	Manager		

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Konowalchuk, et al. _____

Application No./Patent No.: 10/021,533 Filed/Issue Date: December 6, 2001 _____

Entitled: Method for Treating an Inflammation or Lesion Caused by a Virus

(Type of Assignee, e.g., corp., partnership, university, government agency, etc.,)
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states that it is:

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date

12/10/04

Stuart T. Langley
Typed or printed name720-406-5335
Telephone Number

Signature

Stuart T. Langley 33940

Attorney at Law
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